

YPE SPECIALIST CERTIFICATE APPLICATION

Name:	
Email Address:	Phone:
Agency Name:	
Supervisor Name:	


FACILITATION REQUIREMENTS

Possess at least one year of paid experience as a substance use prevention professional in an IDHS SUPP-funded organization.	Start Date:												
Implement a minimum of three complete program cycles of a SUPP-approved YPE program prior to application.	Start and end dates of the three most recent YPE cycles: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Start</th> <th style="width: 50%;">End</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> </tr> </tbody> </table>		Start	End	1.			2.			3.		
	Start	End											
1.													
2.													
3.													
What Model Program Curricula are you currently implementing and for what grade level(s)?													



SELF STUDY REQUIREMENTS

Read the Youth Prevention Education & Classroom Culture Resource Guide located on the Substance Use Prevention Resource Center page of the Prevention First website.
Read the Delivering Culturally Responsive Prevention Services Resource Guide located on the Substance Use Prevention Resource Center page of the Prevention First website.

TRAINING REQUIREMENTS

	Date Completed	Post Test Score <small>This section to be completed by Prevention First Staff</small>
AOD Effects and Trends (online)		
The Dynamic Adolescent Brain (online)		
Effective Group Facilitation (classroom)		
Foundations of Youth Prevention Education (classroom or virtual classroom)		
Model Program Curriculum Training for all curricula being implemented  Attach copies of certificates for Model Program Curriculum Training		N/A
Facilitating Prevention Education Curricula (online)		

SKILLS ASSESSMENT REQUIREMENTS

Complete a YPE Facilitation Skills Self-Assessment and answer the questions following the assessment. Add your score in the space provided here.  Attach the completed YPE Skills Self-Assessment form.	Score:
Obtain at least one lesson observation from a supervisor, school partner, mentor, or peer using the YPE Fidelity Assessment tool and process.  Attach the completed YPE Fidelity Assessment observation form.	

KNOWLEDGE ASSESSMENT

The following questions will assess the knowledge you have gained from the training and self-study requirements as well as your previous experience as a YPE facilitator. Please answer each question in about 2-3 short paragraphs. You can attach responses in a separate document.

1. Having knowledge of the effects and trends of alcohol, cannabis, and other drugs is important for YPE facilitators. What key information did you learn about the effects and trends of alcohol and other drugs, and how will you use this information in your YPE sessions? (Resource: AOD Effects and Trends)

2. Consider the ages of the students you work with. How can you support their cognitive and emotional brain development in the classroom? (Resource: The Dynamic Adolescent Brain)

3. What strategies do you use to deliver culturally-responsive youth prevention education programs? (Resource: Delivering Culturally Responsive Prevention)

4. Review the Principles of Effective Facilitation. Select three facilitation principles that you feel are most critical and describe how you apply each principle during your YPE sessions. (Resource: Effective Group Facilitation)

5. Review the Elements of Effective Collaboration. How do you apply these elements to your relationships with YPE school partners? Provide at least two concrete examples. (Resource: Foundations of Youth Prevention Education)

Facilitation Skills Coaching Session Requirements

Participate in at least one Facilitation Skills Coaching Session with a Prevention First TTA Specialist. Session to be scheduled by the TTA Specialist upon successful review of the application.

This section to be completed by Prevention First Staff
Date Completed:
TTA Specialist:

To be completed by TTA Specialist. Note any additional follow-up recommendations.